

TAX YEAR:

DO NOT WRITE OR STAPLE IN THIS AREA

**NON-RESIDENT AMENDED
DELAWARE PERSONAL INCOME TAX RETURN
(FOR TAX YEARS BEGINNING 2000)**

or Fiscal year beginning _____ and ending _____

Your Social Security No.		Spouse's Social Security No.		FILING STATUS (MUST CHECK ONE) 1. <input type="checkbox"/> Single, Divorced Widow(er) 3. <input type="checkbox"/> Married & Filing Separate Forms 2. <input type="checkbox"/> Joint 5. <input type="checkbox"/> Head of Household			
Your Last Name		Your First Name and Middle Initial					
Spouse's Last Name		Spouse's First Name		Jr., Sr., III., etc		<input type="checkbox"/> Check if a full year non-resident in the tax year <input type="checkbox"/> Form DE2210 Attached	
Present Home Address (Number and Street)				Apt. #		If you were a part year resident in the tax year, give the dates you resided in Delaware. From _____ To _____ Month Day Year Month Day Year	
City, Town or Post Office				State Zip Code			

COMPLETE ALL SECTIONS OF THIS RETURN. NAMES AND SSN'S MUST MATCH ORIGINAL RETURN.				CORRECTED AMOUNTS	
1. DELAWARE ADJUSTED GROSS INCOME.....				1	00
2. (a) If you elect the STANDARD DEDUCTION check here..... <input type="checkbox"/> a. Filing Statuses 1, 3 & 5 - \$3250 Filing Status 2 - \$6500					
(b) If you elect to ITEMIZE DEDUCTIONS check here..... <input type="checkbox"/> b.				2	00
3. ADDITIONAL STANDARD DEDUCTIONS (Not allowed with Itemized Deductions - use worksheet on back) CHECK BOX(ES) If SPOUSE was 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/> If YOU were 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/>				3	00
4. TOTAL DEDUCTIONS - ADD LINES 2 and 3 and Enter Here.....				4	00
5. TAXABLE INCOME - Subtract Line 4 from Line 1 and compute tax on this amount.....				5	00
6. Tax Liability Computation A Modified Delaware Sourced Income <input type="text"/> 00 B Delaware Adjusted Gross Income <input type="text"/> 00 = <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> X <input type="text"/> 00 Proration Tax Liability from Tax Rate Table/Schedule				6	00
Personal Credits (See Instructions)					
7a. Enter number of exemptions claimed on Federal return _____ X \$110. = _____ Multiply this amount by the proration decimal on Line 6 (X _____) and enter total here.....				7a	00
7b. CHECK BOX(ES) Spouse 60 or Over (if filing status 2) <input type="checkbox"/> Self 60 or Over <input type="checkbox"/> Enter number of boxes checked on Line 7b _____ X \$110. = _____ Multiply this amount by the proration decimal on Line 6 (X _____) and enter total here.....				7b	00
8. Tax imposed by State of _____ (Part Year Residents only).....				8	00
9. Other Non-Refundable Credits.....				9	00
10. Total Non-Refundable Credits (Add Lines 7a, 7b, 8 and 9).....				10	00
11. BALANCE (Subtract Line 10 from Line 6, cannot be less than ZERO).....				11	00
12. Delaware Tax Withheld (W-2's and or 1099's Required).....				12	00
13. Estimated Tax Paid & Payments with Extensions.....				13	00
14. S Corporation Payments (Form 1100S/A-1 Required).....				14	00
15. Amount paid (if any, see instructions).....				15	00
16. TOTAL Refundable Credits (Add Lines 12, 13, 14, & 15).....				16	00
17. Refund received (if any, see instructions).....				17	00
18. Estimated Tax Carryover and/or Special Funds Contribution as shown on original return				18	00
19. Subtract Lines 17 and 18 from Line 16.....				19	00
20. BALANCE DUE. If Line 11 is more than Line 19, subtract 19 from 11 and enter here..... >				20	00
21. OVERPAYMENT. If Line 19 is more than Line 11, subtract 11 from 19 and enter here..... >				21	00
22. AMOUNT OF LINE 21 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT.....ENTER >				22	00
23. PENALTIES AND INTEREST DUE.....ENTER >				23	00
24. NET BALANCE DUE (Enter the amount due (Line 20 plus Lines 22 and 23) and pay in full).....PAY IN FULL >				24	00
25. NET REFUND - Subtract Lines 22 and 23 from Line 21.....TO BE REFUNDED/ZERO DUE >				25	00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

X
Your Signature _____ Date _____

Signature of Paid Preparer _____ Date _____

X
Spouse's Signature (If filing joint) _____ Date _____

Address-Zip Code _____

Home Phone _____ Business Phone _____

Business Phone _____ EIN, SSN, OR PTIN _____

NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUST FILE TWO SEPARATE AMENDED FORMS

IS AN AMENDED FEDERAL RETURN BEING FILED?

☐ YES

☐ NO

HAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED?

☐ YES

☐ NO

IS THIS AMENDED RETURN BEING FILED AS A PROTECTIVE CLAIM?

☐ YES

☐ NO

A DETAILED EXPLANATION OF ALL CHANGES MUST BE PROVIDED IN THIS SPACE. ALL SUPPORTING SCHEDULES AND/OR DOCUMENTATION MUST BE ATTACHED.

ADDITIONAL STANDARD DEDUCTION WORKSHEET

	65 OR OVER	BLIND	TOTAL NO.	TOTAL AMOUNT
1. SELF	<input type="checkbox"/>	<input type="checkbox"/>	X 2500 =	
2. SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>	X 2500 =	

NOTE: IF YOU ARE FILING A JOINT RETURN, ADD THE TOTAL OF LINES 1 AND 2 AND ENTER ON PAGE 1, LINE 3.

TAX RATE SCHEDULE

IF INCOME ON LINE 5 IS:		YOUR TAX IS:
AT LEAST	BUT NOT OVER	
\$ 0.	\$ 2,000.	\$ 0.
2,000.	5,000.	2.20% OF AMOUNT OVER \$2,000.
5,000.	10,000.	\$66.00 + 3.90% OF AMOUNT OVER \$5,000.
10,000.	20,000.	\$261.00 + 4.80% OF AMOUNT OVER \$10,000.
20,000.	25,000.	\$741.00 + 5.20% OF AMOUNT OVER \$20,000.
25,000.	60,000.	\$1,001.00 + 5.55% OF AMOUNT OVER \$25,000.
60,000 AND OVER		\$2,943.50 + 5.95% OF AMOUNT OVER \$60,000.

DELAWARE DIVISION OF REVENUE TELEPHONE AND ADDRESS INFORMATION

NEW CASTLE COUNTY
Carvel State Office Building
820 North French Street
Wilmington, DE 19801
(302) 577-8200

KENT COUNTY
Thomas Collins Building
540 South DuPont Highway
Dover, DE 19901
(302) 744-1085

SUSSEX COUNTY
422 North DuPont Highway
Suite 2
Georgetown, DE 19947
(302) 856-5358

Toll-free telephone number (Delaware only) 1-800-292-7826